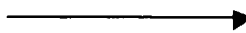
**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09 836 158
Filing Date	April 17, 2001
First Named Inventor	LEFEVRE
Art Unit	1714
Examiner Name	TOOMER, C.
Attorney Docket Number	KOB 18

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Maria Parrish Tungol

Address 5820 Fifer Drive

Address Suite 100

City Alexandria State VA ZIP 22303

Country US

Telephone 571 275 1111 Fax 610 667 8787

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I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Maria Parrish Tungol

Signature

Date

October 15, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of _____ forms are submitted.